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Bib Data Sheet

CONFIRMATION NO. 8464

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>10/774,118 | FILING OR 371(c)<br>DATE<br>02/06/2004<br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1644 | ATTORNEY<br>DOCKET NO.<br>0975.1005-038 |
|-----------------------------|--|--------------|------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/756,301 01/08/2001 PAT 6,790,444 which is a DIV of 09/133,119 08/12/1998 PAT 6,277,969  
 which is a DIV of 08/570,674 12/11/1995 ABN  
 which is a CIP of 08/324,799 10/18/1994 PAT 5,698,195  
 which is a CIP of 08/192,102 02/04/1994 PAT 5,656,272  
 and is a CIP of 08/192,861 02/04/1994 PAT 5,919,452  
 and is a CIP of 08/192,093 02/04/1994 PAT 6,284,471  
 which is a CIP of 08/010,406 01/29/1993 ABN  
 and is a CIP of 08/013,413 02/02/1993 ABN  
 which is a CIP of 07/943,852 09/11/1992 ABN  
 which is a CIP of 07/853,606 03/18/1992 ABN  
 which is a CIP of 07/670,827 03/18/1991 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 04/08/2004

|                                 |  |                               |                         |                    |                         |
|---------------------------------|--|-------------------------------|-------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>NY        | SHEETS<br>DRAWING<br>37 | TOTAL CLAIMS<br>29 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                         |                    |                         |
| Verified and Acknowledged       | Examiner's Signature<br><i>[Signature]</i>   | Initials<br><i>[Initials]</i> |                         |                    |                         |

**ADDRESS**

021005

**TITLE**

Anti-TNF antibodies and peptides of human tumor necrosis factor

|                            |   |  |
|----------------------------|---|--|
| FILING FEE RECEIVED<br>932 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|----------------------------|---|--|